

# Secondary 2006 Graduate Placement Survey Form

Enter data in gray areas. Click in first gray box to begin. Click, tab or press arrow keys to move through form.

<b>A. DEMOGRAPHIC INFORMATION:</b> CTDS #:        -        -        -  School:	Program CIP: Program: SAIS ID:
<input type="checkbox"/> Program Completer <input type="checkbox"/> Program Concentrator	Student Name: Street:
Level III Course Sampler (if Sampler, please provide the Gender and IVEP Code:) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DISBL <input type="checkbox"/> LEP <input type="checkbox"/> EcA <input type="checkbox"/> AcD <input type="checkbox"/> SP <input type="checkbox"/> NO	City: State: ZIP:

Type of Contact:			
<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person	Phone (optional): (        )
Other (please specify): Other text here			

<b>B. FORM COMPLETED BY:</b>	
<input type="checkbox"/> Graduate <input type="checkbox"/> Family Member <input type="checkbox"/> Other (Please specify below: teacher, aide, etc.) Other text here	Are you returning from a religious mission? <input type="checkbox"/> YES <input type="checkbox"/> NO  If Yes, what year did you graduate from high school? <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005

**C. PLACEMENT INFORMATION:** (Please check all that apply):

	YES	NO
1. Are you enrolled in SCHOOL or enrolled in an APPRENTICESHIP PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
a. School Name:		
b. Does either of these relate to the skills learned in the program listed above?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you in the MILITARY?	<input type="checkbox"/>	<input type="checkbox"/>
a. What branch of the military?		
b. Does your job directly relate to the skills learned in the program listed above?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you WORKING?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does your job directly relate to the skills learned in the program listed above?	<input type="checkbox"/>	<input type="checkbox"/>
b. If you are working, please provide the following:		
Employer/Business Name:		
Street:		
City:	State:	Zip:
Phone (optional): (        )	FAX (optional): (        )	
Supervisor/Contact Person:		